
The Classmates Project

Dear Parent:

I would like to ask permission to include your child in the Thinking About School Project that we will be conducting in her/his afterschool program during the 2012-13 school year. The purpose of this research is to learn more about how children's relationships at school affect their school participation and attitudes. This two-part research project within the Department of Educational Psychology at the University of Nebraska-Lincoln first involves a questionnaire interview and then, later on (for some students), brain imaging measures. You are being asked to give permission for your child to participate because your child is a student in the Irving Middle School afterschool program selected for this study.

In the first interview, we give students brief pencil and paper questionnaires asking them about who their friends are at school, the way they feel at school, and about how they get along with their classmates and families at home. The interview will take place in a group session at their afterschool program and last approximately 20 minutes. Students who return a signed permission slip (regardless of whether or not you agree to participate) will be entered in a drawing for two gift certificates from Target stores. Odds of winning a gift certificate depend on how many students return permission slips, but we expect them to be about one in thirty.

After the screening interview, some children will be selected to continue into the second part of the research based on what they tell us about their peer experiences at school and whether or not they have been victimized (some students who have been victimized and, also, some who have not been victimized will be selected). Here, with EEG technology, the electrical signals from the brain will be measured using a soft net of woven electrodes placed on your child's head. During the experiment, your child will sit comfortably and will view videos on a computer screen. We will take photos of the net placement, but the photos will be kept confidential and will not be presented or published. Brain imaging will take place at the afterschool center (or, if that is not possible, at the Developmental Brain Lab on UNL campus) and will last approximately 1 hour.

There are no known risks that your child will be exposed to associated with any part of this study. The system used to record the brain responses is electrically isolated from your child, eliminating the risk of any current flowing to the participant under all conditions. Also, all equipment is routinely checked for fault problems and sterilized prior to each session. While there will not be any immediate or direct benefits from participation for your child, we hope that the information we collect will help improve schools and classrooms. All of the information we gather will be kept confidential. The data will be stored in locked offices and locked file cabinets at the university and kept for five years. The information may be published in scientific journals or presented at professional meetings, but no individual students or schools/classrooms will be identified.

If you have any questions or would like more information, please call Dr. Eric Buhs at 402-472-6948. If you have questions about your rights as a research participant that have not been answered by the investigator, you may contact the University of Nebraska-Lincoln Institutional Review Board at 402-472-6965. You are free to not allow your child to participate in the study or to withdraw your

permission at any time with no negative effects for your child or your child's relationship with the investigator, the University of Nebraska-Lincoln, or the Irving Afterschool program (OVER).

We hope we can include your child in our study. You are voluntarily making a decision about whether or not your child participates in this research. Your signature certifies that you have decided to allow your child to participate and that you have read and understood the information presented. If you consent for your child to participate will provide you with a copy of this form for your records.

CHECK ONE:

YES _____, I give my child permission to participate

NO _____, I do not give my child permission to participate

PLEASE PRINT CHILD'S NAME:

PLEASE SIGN HERE: Parent or Guardian:

PLEASE RETURN THIS FORM TO IRVING AFTERSCHOOL STAFF BY:

Thank you for your time,
Dr. Eric S. Buhs and Dr. Scott Napolitano, Primary Investigators
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